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THE CHIRONIAN.

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WE clip the following from the *Medical Record*: "A Free Hospital for children costing $300,000 has recently been erected in the upper part of the city and placed in charge of homœopathic surgeons (!) and physicians. No doubt we shall be freely charged with maliciousness and envy in saying that the placing of serious cases of illness in care of genuine homœopaths is little less than a crime. This is our very unbiassed opinion, however, which, if the homœopathic physicians in question are, as is the rule, men who use a little homœopathy and a great deal of ordinary medicine, then it is a case of misrepresentation, not to say humbug."

Is all this gratuitous opinion the result of the solicitude which our "friend" has for the patients under homœopathic treatment, or is it like the last wail of a drowning man who sees the plank upon which he has been depending for support gradually sinking from under him? What is there so criminal about a homœopath treating serious cases? If he cures them, and as a rule he succeeds far better than his old-school rival, as we shall presently show, wherein is the crime, unless it be in the fact that the allopath thereby loses the case? It is all very well for our friends of the "regular" school to deny the superiority of homœopathic treatment, but where is the proof? How often have we tried to gain admittance to hospitals that the two methods of treatment should be tried side by side, and thus the comparative successes once for all determined to the satisfaction of the old school. Why have we failed to obtain this privilege? Simply and only through the efforts of our old school brethren, who feared that the results thus obtained would be adverse to their much-vaunted superiority. We are sorry, and yet not surprised that our "friends" do not believe much in statistics. Let us quote a few for their consideration.

The two city hospitals of Albany, New York, for the year ending September 30, 1883 (see report of Board of State Charities), reported: homœopathic mortality, 5.33 per cent.; allopathic mortality, 7.26 per cent.

In the Brooklyn hospitals, same year, homœopathic mortality, 8 per cent.; allopathic mortality, 9.48 per cent.

In the Buffalo hospitals, same year, homœopathic mortality, 5 per cent.; allopathic mortality, 14.73 per cent.

In the four New York insane asylums, same year, homœopathic recoveries, 40.59 per cent.; three allopathic asylums, recoveries, 25.37 per cent. Homœopathic asylum mortality, 4.39 per cent.; three allopathic asylums, 6.49 per cent.

Fortunately we are not restricted to the results of treatment in hospitals and other public institutions for our statistics. About fourteen years ago a well-known life insurance company

of New York City conducted a series of examinations of the records in the health offices of several of our largest cities with a view to ascertain the comparative mortality in the practice of physicians of the two rival schools. These investigations embraced the records of Boston for three years, 1870, '71 and '72; of New York for 1870, and '71; of Philadelphia for 1872; of Newark, N. J., for 1872, 1873, and of Brooklyn for 1872 and 1873. These ten tables of statistics yield the following results, showing the average number of patients lost by each homœopathic and each allopathic physician in each of those cities:

	ALLOPATHIC LOSSES.	HOMŒOPATHIC LOSSES.
Boston—		
1870.....	17.76	10.05
1871.....	14.76	8.25
1872.....	19.63	8.26
New York—		
1870.....	15.75	9.00
1871.....	15.78	7.97
Philadelphia—		
1872.....	19.03	12.87
Newark, N. J.—		
1872.....	27.54	12.92
1873.....	15.39	9.56
Brooklyn—		
1872.....	24.08	11.62
1873.....	21.56	9.95
General average..	17.88	10.02

1872 was the year of the terrific epidemic of small-pox in Philadelphia.

As for serious cases yellow fever is a very fair sample, in which in various parts of the South during the epidemic of 1878, while the homœopathic physicians had lost four to eight per cent., the allopathic loss was thirteen to eighteen per cent. In Chattanooga, Tennessee, where the disease raged with peculiar malignancy, the homœopathic loss reached the startling figure of 36.4 per cent., the allopathic mortality was 45 per cent. And yet it is "little less than a crime" to place serious cases of illness in the hands of the homœopaths. Do the figures show it? We think not. It would appear that our friend of the *Record* has either let his prejudice get the better of his wisdom, or else that his ignorance of homœopathy is only equaled by his inability to write correct English.

AT last our hopes of having a college library seem to be on the road to realization, as the Hahnemannian Society, with commendable enthusiasm, has taken hold of the work in a systematic way, which ought to be productive of good results. We have already heard whisperings of a possible addition of quite a large number of volumes, and with a little start and some hard work on the part of the Library Committee, the end of the year should see the undertaking in a fair way of success. Our alumni and others who may be interested, seeing the effort which the students are making, should respond favorably to any calls for assistance which the committee may make. All can surely do something, even though it be but little. We hope to see a continuance of the lively interest now being taken, and with this much good may be accomplished. Let the good work go on.

A New Homœopathic Hospital for Children.

ON Tuesday, November 9th, was dedicated a new free hospital for children. This magnificent charity was built and endowed by Mr. and Mrs. Frederick Delano, of this city, and will be a lasting monument to their spirit of true charity, which has prompted them to remember in such a way the suffering poor of the city, whose children, from lack of care and attention, are dying in great numbers all the year round.

The hospital is called "The Laura Franklin Free Hospital for Children," and is situated on One Hundred and Eleventh street near Fifth avenue, being located in such a position that with its fine, sunny, southern exposition, it is also given a beautiful outlook over the Central Park, which will no doubt go a long way in making pleasant and cheerful the surroundings of the little patients who will soon occupy the wards.

The building itself is of brick with light sandstone trimmings, and the general style of architecture is simple and plain. There are four stories above the basement, and all the ceilings are lofty, and the building is well lighted by the large windows, designed to admit plenty of light

and, in summer, pure air besides. The basement floor presents a large hall which runs the whole depth of the building, and on either side of this are rooms fitted up for various purposes. On the left, as one enters, is the drug room. This is a commodious office, where a full line of all required drugs is kept in cases ranged around the walls. On the right of the hall is a reception-room for patients, with a small room for washing and dressing them preparatory to their admission to the wards. There is also a small room, which will be comfortably arranged as a bed-room, to be occupied by any member of the staff who, in an emergency, may deem it necessary to remain at the hospital over night. In the rear are the kitchens, laundries and servants' dining-rooms, and all arrangements have been made to give every facility for the easy performance of all the domestic routine.

From the basement an iron staircase leads directly to the roof, and by being broken into short flights gives space for the elevator, which is thus conveniently placed in the centre of the building. A dumb waiter in the rear is to be used to carry parcels, clothing, bedding, dishes, etc.

Leaving the building by the basement door, and going up the high stone stoop, one enters the large main hall on the first floor. The flooring is of hard wood, as are also all the doors, door posts, etc., and the walls are painted white, and give a delightful air of cleanliness and light; this same style prevails throughout all the rooms and halls. On the left of the entrance is a large room, the visitors reception room. This is comfortably furnished and hung with fine oil paintings. On the right of the hall is the first of the three wards, and in general arrangement is very similar to the other two. It consists of one large room running the whole depth of the the building. It has windows in front and on the side of the room, at short intervals. The walls are hung here and there with bright and cheerful paintings in pretty gilt frames, and is as cheerful a place as any one could wish to see. The ward is intended to accommodate about twenty children, the beds being arranged around three sides of the room. Adjoining this ward, in the rear of the hall, is the first of the refectories or dining-rooms, where the convalescent patients will take their meals. The furniture seems to be all in miniature, as the dining table is very low, and surrounded by a lot of little wooden arm chairs, all designed to meet the age and size of the little patients.

On the second floor is another ward, in all respects similar to the one below it, and adjoining it is another dining-room with all the arrangements as in the first. On the third floor is the operating-room, and this is indeed admirably suited for its use ; it is lighted on three sides by large windows, giving all the light required. There is a fine operating table, and running along the fourth side of the room is a large case containing a very complete set of all necessary instruments. There has been especial attention paid to those instruments and appliances required in orthopædic surgery, as it is anticipated that this will form a large portion of the cases brought to the hospital for surgical assistance. Jars of antiseptic fluids with tubes arranged for irrigation have been placed in position, and in fact, everything which can be of use has been put into this apartment. Across the hall from the operating-room is a large room, or rather hall, which has been fitted up as a chapel, in which religious services will be held daily. This will be for the use of the Sisters of St. Mary, of the Episcopal order, who are to be in charge of the hospital and who will act as nurses for the patients. On the fourth floor is a smaller ward, for patients, and two isolating wards, small rooms adapted for the isolation of the few contagious diseases which may appear from time to time among the patients, though patients suffering from infectious diseases will not be admitted to the hospital for treatment. Thus, with all the wards full, the hospital will accommodate about fifty children, though in an emergency the number can be increased to sixty, without much crowding.

The dedication exercises were very impressive, and were conducted by the Rev. Dr. Houghton, assisted by a male choir, and were witnessed by the medical staff and a few invited guests, friends of the founders of the institu-

tion. The minister, followed by the choir and the sister in charge, forming a procession, first entered the front door, and pausing on the threshhold, offered a prayer, and invoked the blessing of the Almighty on the hospital itself and on all who should at any time enter the building. Passing thence by the street to the basement, and going from room to room, a prayer was said in each, asking aid from the Most High in behalf of the special uses for which each apartment was to be set aside. This was repeated on each floor, until all the wards and rooms had been separately visited, the prayers being interspersed with hymns, which were rendered by the choir. The ceremony was concluded by a short service in the chapel dedicating it to holy worship. Then followed an inspection of the hospital by the friends present, and a collation served in the lower ward.

As above stated, the hospital will be in the entire charge of the Sisters of St. Mary. They will perform all the duties of nursing and care of the children under the direction of the physicians and surgeons comprising the staff.

The hospital is amply endowed, having an independent income more than sufficent to cover the yearly running expenses, and thus insuring the most perfect care and arrangement for the comfort of all the patients. Not satisfied with this, as the hospital, it is hoped, will be nearly full by Christmas, Mrs. Delano has set aside a sum of money which will be used in giving a right merry Christmas to all the little folk who shall then be in the hospital.

The staff of the Hospital consists of the following gentlemen :

Consulting Physicians.

Dr. T. F. ALLEN, Dr. J. McE. WETMORE.

Consulting Surgeons.

Dr. W. T. HELMUTH, Dr. F. E. DOUGHTY.

Visiting Physicians.

1. Dr. M. DESCHERE,
2. Dr. H. M. DEARBORN,
3. Dr. E. V. MOFFAT,
4. Dr. B. G. CLARK,
5. Dr. E. H. PORTER,
6. Dr. J. W. DOWLING, Jr.

Visiting Surgeons.

Dr. S. F. WILCOX, Dr. F. S. FULTON.

Specialists.

1. Dr. GEORGE S. NORTON, Diseases of Eye.
2. Dr. H. C. HOUGHTON, " Ear.
3. Dr. G. G. SHELTON, " Throat.
4. Dr. J. T. O'CONNOR, Mental and Nervous Diseases.

American Society of Rational Practitioners.

THIRTEENTH ANNUAL SESSION, HELD NOVEMBER, 1886.

REPORTED BY WILLIAM OSBURY, M.D.

THE meeting was called to order by the president, R. Bigbang Boobay, A.M., M.D. The minutes were read, and followed by reports of various committees, which were received and adopted.

The president then read his address, the subject of which was "The Decay of Homœopathy." With his impressive voice and pleasing eloquence he showed the folly and impudence of the advocates of this pernicious system of imposture. With matchless sarcasm he dissected the infinitesimal doses used by these men, and proved that practically there was no medicine at all in what they gave their patients. His humorous lines on "The Little Sugar Pill" were received with convulsions of laughter by the assembly, which requested him to print the same and send copies to all the regular physicians in the United States.

"What is a Homœopath?" was asked by the president, and he answered his own question by giving a running history of the sect. The life of Samuel Hahnemann was a long and bitter fight against truth. His character was a strange mixture of insanity and chicanery. No intelligent person could read Hahnemann's record and doubt that a system originated by such a creature was doomed to a speedy and shameful end.

Two incurable diseases were at work on the carcass of this monster Homœopathy. Either was sure to be fatal, while the two together made the patient absolutely hopeless—hopeless even beyond the help of "The Little Sugar Pill." (Great laughter.)

Here there was a passing disturbance caused by a Homœopathic "physician" who had strayed into the meeting. He interrupted the president by rising to say that Solomon, the wisest of men, had written: "The laughter of the fool is as the crackling of thorns under a pot." He then withdrew for his own good, and Dr. Boobay went on with his address.

The first of these diseases was the cancer of *Similia Similibus Curantur*. Upon this idiotic motto was founded all the high pretensions. He would not insult his audience by dwelling on this point. If any man did not see the folly of the theory at the first glance his arguments could do little for him. He was convinced that no such person was present.

The second disease was the phthisis of *the small dose*. Those who believed in infinitesimal doses among Homœopathic doctors were, in his opinion, very few. To these he extended that Christian charity which should always be shown to the ignorant. But what should he say of the rank and file, who pretended this belief and did not have it? who made a livelihood by imposing on the credulity of the uneducated public? He would not trust himself to pronounce the punishment which these charlatans should receive from the arm of the law, because his feelings on the subject were too intense. He would permit each one hearing him to give his own verdict according to the indignation within him. He would content himself with denouncing, in the name of humanity, the most unscrupulous of all men—the Homœopathic—he could not say physician—the Homœopathic pretender!

But to return to his argument. How was the frail constitution of Homœopathy to live long while cancer and phthisis were eating up its strength and consuming its substance? Without risking anything of his ability for prognosis, he would venture to say that in five years Homœopathy as a system would not be practiced in this country, and that the next generation would find the name only in old books. (Applause.)

Ten thousand Homœopathic physicians were in the United States to-day. To his mind this fact was the strongest which could be brought forward in proof of the inherent weakness of the system. It showed that rapidly the goats were being separated from the sheep; and when this separation was complete, it would be possible for regular physicians to invoke the civil power, which they would undoubtedly do. They would be in a position to show Legislatures just who should be suppressed and who should not—a thing not so easy to do at the present time, especially when legislative men were too apt to be indifferent to the welfare of the community. Thus was Homœopathy hastening with rapid strides to its doom, which could not be far off. To illustrate his meaning, he would refer to the patient in the last stages of Bright's disease. At such a time the bulk of the sufferer was apt to be greater than ever; he measured more round the abdomen, but that bulk was the sign of approaching dissolution! (Cheers.)

Another sign of decay was found in the fact that several physicians of the regular school were in the habit of studying Homœopathic works, and carrying in their pockets cases of medicine recommended by these works. They did not hesitate to use these drugs frequently, because their patients did not hesitate to demand them as a change. He himself had never stooped to such practices, and it was a puzzle to him that any reputable physician should. But if their consciences allowed them to do so, he would not complain, for he could see that they were undermining themselves and Homœopathy at the same time, and hastening the downfall of the ridiculous system.

It had been the boast of Homœopaths that several regular physicians had come over boldly to their school, and that, on the other hand, it was hardly possible to find in the whole world a Homœopath who had embraced the principles of the regulars. They prided themselves on these occurrences, not perceiving therein the badness of their own system, which draws off a few weak-minded and traitorous soldiers of our noble army to join the ranks of the enemy.

In conclusion the president declared, in an outburst of generous enthusiasm, that, rather

than adopt the methods of the Homœopaths, he would follow every member of his family and every patient in his care to the grave without so much as a sigh!

The president had spoken for two hours, and when he concluded the enthusiasm of the assembly seemed as if it would never cease to vent itself. Finally, Dr. Bedam P. Buffers rose and offered the following resolutions, which were unanimously adopted amid great cheering:

Whereas, The founder of Homœopathy, Samuel Hahnemann, was a man whose life was a mixture of chicanery and insanity; and

Whereas, The system of Homœopathy is at present suffering from two diseases—to wit, cancer and phthisis; and

Whereas, There are at present 10,000 homœopathic persons who call themselves physicians in this country; and

Whereas, Several regular physicians have become Homœopaths, and many others practice Homœopathy surreptitiously; and,

Whereas, Our esteemed president has declared that he would sooner see all his family and all his patients borne to the tomb than save them by Homœopathic practices; therefore,

Resolved, That the miserable system of folly and fraud known as Homœopathy is in a state of decay, which is rapidly going on, and that, in our opinion, the said system is, even at the present moment, moribund.

Resolved, That our thanks are hereby presented to our president, R. Bigbang Boobay, A.M., M.D., for his masterful representation of Homœopathy as it is and will soon be, and for his firm adherence to the principles of the American Society of Rational Practitioners.

Adjourned till evening.

The report will be continued.

An Ovarian Tumor.

PROF. WM. O. McDONALD, M.D.

THE specimen shown is a good illustration of what is styled a polycystic ovarian tumor. Observe that it is composed of one large sac and many smaller—in fact, it is all cystic. The part which looks like solid is simply an aggregation of small cysts, and also that the contents of no two of the cavities are exactly alike.

The total amount of tumor removed was something above fifty pounds. The portion you see weighs nearly six pounds. Forty-one pints of fluid were caught and measured, while we estimated that at least five pints escaped measurement.

The case first came to my notice in July, 1885. Her age was not ascertained. She said it was forty-one years, but from other sources it was given as being near sixty. She was married, but had had no children.

Menstruation had ceased long ago, though she reported that she saw "a show" once or twice during the preceding winter.

Nothing definite could be obtained as to the time when the tumor was first noted.

Upon examination, the canal of the cervix was found to be impervious, "senile atresia." The tumor was closely applied to the inlet of the pelvis, and it occupied a central abdominal position; the cervix moved with it when it was pushed to the right, but not when it was urged to the left.

There was bulging neither of the cul-de-sac of Douglas nor of the umbilicus. The mass was tense, and its limits, as made out by palpation, percussion and fluctuation coincided pretty closely.

The abdominal circumference level of the umbilicus was thirty-eight inches; from the umbilicus to the anterior iliac spines, seven; to the sympyhsis, five, and to the ensiform, seven inches. The flanks were dull—the left all over, the right for six inches from the umbilicus.

The conclusion, as far as any was made, was that it was a cyst springing from the left side—probably ovarian, possibly uterine in origin—and that an operation for its removal should be undertaken.

The consideration of the operation was deferred, and the patient adopted the course of giving a trial to the various systems of curing tumors by other means. I know she tried the clover tea, the Salisbury diet, the faith cure; the attempt by prayer also.

Meantime the tumor progressed, and it interfered with the circulation and with the action of the kidneys notably.

The lower parts of the body became œdematous to such a degree that later the skin broke, and the serum was discharged through the gaps.

The urine became scanty in quantity; at one time it went down to eight and nine ounces in the twenty-four hours, and it was found to contain albumin and granular casts. She had several attacks in all of œdema of the lungs.

Later the characteristic emaciation developed.

In July last her condition became so bad that her physician was forced to tap her. Of the forty pounds of fluid removed, a specimen sent to a microscopist elicited a diagnosis of dermoid cyst, probably of ovarian origin.

Great relief followed the tapping, the excretion of urine was greatly increased, but the œdema never disappeared entirely from the lower limbs.

Impressed by the striking results of the paracentesis, the patient now accepted the proposition to operate.

In fear of hot weather, the proceeding was put off until October 5th, but in the interval her condition had again retrograded; the œdema was pronounced in the lower limbs and about the hips and abdomen; the appetite was failing. Still she slept fairly well, and her mental condition was such that she expressed no fear of the undertaking.

The operation was performed on October 5th; the anæsthetic the protoxide of nitrogen.

The veins of the abdominal wall bled freely on incision, and there was a free discharge of serum from the dropsical tissues.

The peritonæum could not be made out, and the incision was continued into the sac cavity, the sac wall being adherent to the parietes of the abdomen.

Of the dark fluid which poured forth there appeared to be no end; the canula was useless; the patient was turned on one side, and it gushed out. When it seemed to be exhausted, we had only to change the position of the patient, or disturb some of the parts of the sac to develop a new source. Ultimately we were obliged to disregard the fluid, and to begin to detach the sac. And this appeared to be attached everywhere. Later we observed that the only free part was that which corresponded to the inlet of the pelvis.

There were some old, broad, thick and thoroughly organized adhesions between the anterior surface of the tumor and the abdominal wall, which presented surfaces so smooth and satin-like in texture that they could not be distinguished from the peritonæum.

Adhesions were observed between the tumor and the anterior abdominal wall, the omentum, the colon, the posterior abdominal wall (exact site not determined) and the walls of the false pelvis to the right and behind.

The peritonæum covering the small intestines was acutely inflamed, being reddened, rough and swollen.

There were three bands, strong, firm and each about the size of the finger, to the right and behind somewhat; these were tied by a single ligature for each and cut.

From observations made later I infer that one of these must have been the "anatomical" pedicle of the tumor.

The surgical pedicle was about three and a half inches wide and quite fleshy. This was pierced by two double ligatures, and these being tied each way it was ligated in three parts.

After the section was made the left fallopian tube was identified as running up on the side of the tumor.

Searching for the ovaries developed the fact that the left ovary was in position, and in the scarred and shrunken state proper after the menopause, while the right ovary was wanting, and I was forced to the conclusion that the tumor represented the right ovary and not the left one.

Intending to reopen the wound on the next day, I did not apply a drainage tube, but after washing out the cavity of the abdomen with warm water, the incision was closed with silver wire sutures and the ordinary dressing applied.

She was thoroughly anæsthetized for a space of two hours and five minutes, and although there

were motions of the hands suggestive of sensation, at no time was I interrupted in my work on this account.

I have been informed by Dr. Hasbrouck that this is the longest duration of the laughing gas anæsthesia that he has ever heard of.

Since the operation I have heard that a professor of chemistry has asserted that the gas could not have been the protoxide of nitrogen if the use of it was so prolonged.

Upon this particular point I will make no remark. The gas was furnished and administered by Dr. Hasbrouck of this city, and the administration was kept up as stated.

It matters little to me what the gas was, the result of its use was perfect; the insensibility was promptly produced; it was continuously maintained, and when its use was suspended the patient became conscious at once.

And here let me say, that if there is any drawback in the results obtained by this agent it is comprised in just this prompt recovery of the sensibility.

Thus far I have always been obliged to protect patients from the severe pain which is felt upon recovery after major operations by the use of morphia.

My patient had quite a sharp attack of pulmonary œdema on the next day. Gas passed through the anus on the fourth day. She ate solid food within a week.

The temperature, usually about 100°, once went up to 102°.

She talked a good deal, particularly at night, was restless often and her sleep was disturbed.

On October 11th she presented no particular evidences of failure, but on the 12th, near midnight, suppression of urine came on, the œdema of lungs became more marked, coma supervened in the morning of the 13th, and she died sometime in the day.

It was concluded that the death was due to uræmia.

The post-mortem examination, at which I was not present, was made eighteen hours after death.

It was reported that the incision had closed throughout; the sutures had not been removed. The abdominal organs were adherent to the raw surfaces left by the separation of the cyst.

In the pelvis there was a small amount of dark fluid; in the vicinity of the left kidney and spleen about a cupful of laudable pus was incapsulated.

An offensive odor emanated from the cadaver, but the fluids indicated did not appear to be the source of it.

No sloughing tissue was found; the pedicle was shriveled and shrunken.

The kidneys were small; the capsules adherent. Atrophy of the cortical substance with lobulation marked, but not extreme. No microscopical examination was made.

As it turned out, if the patient had not been killed by the failure on the part of the kidneys she would perhaps have perished from the rupture of the pus into the abdominal space.

However, I believe she might have survived if she had been operated upon a year ago.

A comment to be made is, that the right ovary became cystic and attached to the left broad ligament, taking in the left tube and its surgical pedicle from this locality, while its anatomical pedicle became so wasted that I simply noted it as one of the strong bands which were located on the right side of the tumor.

Another Discovery.

DR. C. R. ILLINGWORTH (Eng.) writes to *The British Medical Journal*, of May 1st: "I find the biniodide of mercury is a specific and prophylactic for scarlet fever and for diphtheria.

"Both are diseases due to the development of germs in the blood, myriads of minute nucleated bodies being visible by the microscope on examination of the membrane peculiar to each. Hence, I think, the efficacy of the remedy I name."

In the issue of the same journal of October 30th, Dr. Illingworth again says: "That it (biniodide of mercury) is a true specific for the former (scarlet fever) is proved by the defervescence commencing immediately upon the administration of the medicine, instead of upon

the fifth day, and by the absence of desquamation in consequence. That it acts as a specific in the latter (diphtheria) is shown by the rapid disappearance of the membranous effusion and reduction of temperature.

"Prescribed in this form the biniodide of mercury has not, so far as I am aware, been used for these diseases."

Will Dr. I. allow us to furnish him with a little information derived from homœopathic sources concerning the treatment of diphtheria by merc. biniod., and also concerning a prophylaxis against scarlet fever.

Regarding the use of biniodide of mercury in diphtheria, Dr. Ruddock considers it the "remedy of most intense action."

"With gurgle or spray of liquor calcis chlor. . . . . the best treatment now known."—Hale.

"Croupous form, much glandular swelling. Should be freshly prepared."—Hughes.

Regarding a prophylactic against scarlet fever homœopaths have considered belladonna the remedy par excellence, and this power was first asserted by Hahnemann. To this use of the drug Dr. Phillips subscribes, attesting also its power to produce a sore throat and rash closely resembling those of scarlet fever. Stillé (of the National Dispensatory) also says: "On a review of the whole subject we feel bound to express the conviction that the virtues of belladonna as a prophylactic against scarlatina are so far proven that it becomes the duty of practitioners to invoke its aid whenever the disease breaks out in a locality where there are persons liable to the contagion."

*Twenty-five Years Ago.**

HERE amid this scene of laughter
Our Alumni Dinner after,
Fondly hoping that a rafter,
Swift may strike him to the floor.
With his heart so wildly beating
And his senses ever fleeting,
Of their help their owner cheating,
Cheating sadly o'er and o'er—
Stands a mortal who 's been eating
As he never ate before
And your pity he 'd implore.

Yet amid his dire confusion
Slow there comes a fond illusion
Which his judgment calls delusion,
As it floats before his eyes.
Bygone days again he 's seeing,
Lecture hours again he 's fleeing,
Again he is that callow being,
Being, which all things surprise.
From all care his heart he 's freeing
(Doing things he 'd now despise),
While his life so swiftly flies.

Again his bark he 's wildly steering
As, with frightful speed careering,
Th' daily quiz he 's surely nearing,
Upon the human brain.
And his head he madly scratches,
As the flying thought he catches,
Or a neighbor's hint he snatches,
Catches now with might and main,
As an answer up he patches
Hoping it will bear the strain—
Leave him not among the slain.

Now a group of well-known faces
Slow before me take their places,
Some of which the sod and daisies
Long have hidden from our sight.
Yet their circle seems unbroken,
Though by them no word is spoken
In their eyes I see a token,
Token that their eyes are right.
Hearts I knew so stout and oaken,
Hearts that then like mine were light,
Burning for the life-long fight.

Men are there who faithful taught us,
And past bone and organ brought us,
And by words and life besought us
Ever men of truth to be.
Now that we have gone asunder,
And their care no longer under,
Oft it is a source of wonder,
Wonder if their eyes still see,
See us when we make a blunder,
Join us in our well-earned glee
O'er success and golden fee.

And I would that we were able
As we sit here at this table
By some loving, heart-made cable
With those teachers to commune.
Sure I 'd tell them how each member
Both in May and chill December
Doth their counsels well remember,
Remember like some sweet, old tune
Sung at twilight's dying ember
Or beneath the harvest moon—
Them we 'll not forget so soon.

* Alumni Poem, read at the Dinner of the Alumni Association of the New York Homœopathic Medical College, April 15, 1886.

As the seashore swimming master
Laugheth at the dire disaster
When a breaker cometh faster
  Than unwary bathers think,
And a rapid overhauling
Leaves them breathless, choking, sprawling
And for needless rescue calling,
  Calling while the wave doth shrink;
So we laugh at what 's befalling
  Younger men on life's rough brink,
  Knowing that they will not sink.

Ah! I 'm shocked at that word "younger,"
As the cry of some street monger
Starts what was a dormant hunger
  In the careless passer-by.
Am I ranked as an "old fellow"?
Spite of "leather or prunello,"
And with years now getting mellow?
  Mellow as the decades fly?
Is my cornea ringed with yellow?
  Is my osseous tissue dry?

Have we heard the night-bells clatter,
Gone through sleet and mud and spatter,
For rich, for poor (that 's no matter),
  Healing wounds and drying tears?
Borne the old school's deep derision,
Met Death's minions with decision,
And of ease ne'er had a vision,
  Vision which the weary cheers?
Are we on toward heights Elysian,
  Toward the blissful, happy spheres,
  Half our course? Twenty-five years?

Figures show. We can't repress it,
Fairly caught, we must confess it,
Hoping some have cause to bless it,
  That we 've lived on earth so long.
Let us hail on this occasion
That potent, subtile, deep pervasion
Which entails complete erasion,
  Erasion of things past that throng.
Yield us to the sweet persuasion
  Of old friendship, pure and strong,
  Join to-night in joy and song.

Now, one wish, as I am ending,
Toward the future one thought sending,
Thus the past and future blending,
  As the seasons come and go.
May each heart still beat as lightly,
May our hope-light burn as brightly,
May these bonds yet hold as tightly,
  Tightly forged in friendship's glow,
May Time touch us all as slightly,
  When, this night, the books shall show,
  Was, twenty-five years ago.

—A., '67.

Tracheotomy.

BY A. W. PALMER, M.D.

UNDER this term, as generally used, are included the operations upon the upper air passages for the relief of Dyspnœa and which the English group as Bronchotomy, to wit, Laryngotomy, Crico-thyrotomy, Laryngo-tracheotomy and Tracheotomy proper. It is performed in cases of Croup, Diphtheria, Corpora adventitia in Larynge and Polypi et Carcinoma Laryngis, and in olden times has been performed in cases of Mumps, Quinsy, Tonsilitis hypertrophia, Bronchocele and large Polypi Narium et Pharyngis.

The first to undertake this operation was Asclepias, about 100 B. C., from which time we hear very little concerning it until in the seventh century Paulus Aegenita performed it by making a transverse incision through the connective tissue between the tracheal rings, because in his time the great mortality was considered due to the wounding of the cartilages, which wounds they thought incurable. In the latter part of the fifteenth century Sanatorius introduced the employment of the straight canula. To this canula Fabricus ab Aquapendente added rings or phalanges to prevent it from slipping into the wound. But a few years later this was superseded by Casserius's invention, the curved canula. Then we hear of no marked improvement until about 1750, when Geo. Martin introduced the use of the double canula, much like those we now have.

In croup cases the great mortality following this operation and therefore the disrepute into which it has fallen is due to its being used as a dernier resort.

If, instead of performing the operation only in cases in extremis, we should follow more frequently the direction of M. Mackenzie of London (as given below), thereby making what is termed the "early operation," the death-rate would be materially lessened. "It is the recession of the lower part of the sternum and contiguous ribs, and the retraction of the intercostal spaces and clavicular fossæ at each act of inspi-

ration which call for tracheotomy, and the operator must not wait until lividity of the lips and blueness of the finger nails prove that the blood is being imperfectly oxygenated."

If in diphtheria the constitutional symtoms are marked, or the nutrition is much affected, it is useless to operate. It is prudent to defer operating as long as possible in this disease on account of the liability of the disease attacking the wound, thereby increasing the surface from which sepsis will take place; also the irritation of the tube upon the trachea causes a greater predisposition for the disease to extend down the trachea to the bronchioles and ultimately develop into pneumonia.

In this article it is quite unnecessary to give a description of this operation, as it is very thoroughly treated of in almost all the text books, but wish to call attention to the mode in which Charles E. Sajou makes the incision through the skin. After placing the patient in the usual position, mark upon the skin with ink the place of incision, then pinch up a fold of skin transversely between the left thumb and forefinger at the middle of the ink mark; now, with a sharp-pointed bistoury, edge upward, pierce the fold and cut outward; in this cut pass a director, upon which, with the bistoury, lengthen the incision upward and downward to the size necessary. In this way one can work rapidly without much danger of making the first incision too deep.

The superficial position of the larynx is apt to deceive us as to the position of the trachea; it must be borne in mind that from the lower border of the thyroid cartilage the wind pipe sinks backward into the neck and chest at quite an angle. On account of the haste and anxiety one feels when witnessing or performing the first few operations of this kind, we are apt to forget the above, and are almost astonished at the depth at which the trachea lies. In one operation in which I assisted, quite a skillful operator thought he had pushed it aside, and was working past it down upon the œsophagus and anterior colli muscles. And if the trachea, after being punctured, should accidentally drop back into the wound, it is almost totally lost, because of the rapid occurrence of emphysema of the surrounding cellular tissue.

The emphysema which nearly always takes place after the operation, seems to be a very painful and appalling symptom to the friends of the patient; but I think it is not dangerous, as it does not press upon the trachea below the insertion of the tube, therefore not obstructing respiration.

The scarification of the skin, as recommended and frequently practiced, does not seem to me justifiable, on account of the pain produced; when the principal discomfort of emphysema is the tightness of the tape holding the tube. This constriction is easily regulated by having the tape loosened just sufficiently to give ease, but not enough to allow the tube to become dislodged from the trachea.

The great danger consequent upon the entrance of a small quantity of blood into the trachea upon the incision thereof seems to be somewhat overrated in many text-books, because the paroxysm of coughing which immediately follows the opening of the trachea expels all the blood which finds its way in, as well as the considerable amount of mucus which always collects in the trachea and bronchi. And the hemorrhage, being principally venous, will soon cease when the engorged veins in the vicinity are relieved of their contents by the oxygenation of the blood when air enters the lungs.

Cimicifuga.

A LECTURE BY PROF. J. T. KENT, A.M., M.D.

THIS is a great woman's friend, and some doctors know it as such. Fenugreek is good for a horse, they say, and so is Cimicifuga good for a woman—when the symptoms agree. The general constitutional state to which this remedy is most favorable is the hystero-rheumatic constitution. Its symptoms are nearly as full of hysteria as Ignatia and nearly as full of rheumatism as Colchicum or Bryonia; it has the aching, rheumatic soreness in the body, and particularly in the muscles. The power of the muscles is affected pretty generally. It has rheumatism of

the scalp; rheumatism of the base of the head or of the skull; aching in the base of the skull, as if a bolt extended from the base of the skull through to the top of the head. Constant dull pain in occiput, extending to top of head. The headaches are ameliorated in the open air. It has a sensation of lifting up of the skull. In this it resembles Cannabis sat. and Cannabis indica. Cannabis indica has it as a pathogenetic symptom; so has Actea racemosa. Belladonna has it as a clinical symptom. This lifting up of the skull occurs in uterine troubles. Rheumatism, colic, irritable uterus, enlargement of the uterus; that will give you an association of symptoms like these head symptoms. Now, there is a marked mental symptom. That mental symptom is this: She feels as if a black pall, or a gloom, or a horrible sadness was settling over her; everything seems dark to her; there is no light around her. This symptom of darkness and gloom, like a black pall settling over her, is a mental symptom centering at the heart, accompanied by palpitation. There is all this sadness and gloom, and it has many of the hystero-mental symptoms. Hypochondria is very marked. The eyes furnish a marked symptom; extreme soreness of the eye-balls with extreme aching; also chorea or clonic jerking of the eye-balls; oscillations; movement of the muscles produces jerking of the balls and shock of the lids. The pupils are dilated.

This remedy produces choreic spasms over the body, accompanied by rheumatism. Whenever the rheumatism subsides and chorea takes place, this is the remedy. There is a peculiar rheumatic, bruised feeling, sore in the chest and about the heart; aching in the heart, accompanying rheumatism. Intercostal rheumatism. Rheumatism of the muscles of the chest. Intercostal neuralgias. There is a great soreness in the abdomen; sore as if bruised. There is a menstrual symptom that is worth noting; menses too soon, too profuse; irregular; suppressed.

It may be safely said of this remedy that it has irregular menstruation; it is both too profuse and too scanty; too soon and too late. It has menses irregular, with enlargement, tenderness, induration, and great soreness clinically. It has many times cured the results of abortion: sub-involution. The menstrual discharge is likely to be dark and offensive and sour. Now there is another marked uterine symptom that you will need to remember, because you will find this symptom useful in after-pains; after-pains that seem to be the result of the spasms of the broad ligaments; aching, spasmodic pains coming on with more or less violence and clutching in the groin; spasms in the broad ligaments. Now, the rheumatism is not specially confined to one muscle or to one part of the body; it may occupy the whole body. It has a twin sister in the other Cohosh—this is the black Cohosh; it is a twin sister of the blue Cohosh, which is Caulophyllum. In association with uterine symptoms we have the same chorea; we have a similar rheumatic diathesis; we have hysterical spasms; and we have great prostration and trembling. But let me tell you the key-note, or a state or a condition for which you can always rely upon Caulophyllum: "Rheumatism of the small joints with uterine complaints;" while in Cimicifuga the rheumatism is more likely to be in the belly of the muscles, and not particularly in the joints. In nondescript uterine troubles this is always your remedy. It is mild, and may be administered in almost any form; it cures in the tincture, and it cures them when given in the third; it cures in the thirtieth. I have cured many of these cases with the two-hundredth with just as great satisfaction.

Cimicifuga has predisposition to abortion, great uterine weakness; want of ability to go through with gestation; threatened abortion; pains and aches of a tearing, bearing-down character; dragging down, like labor pains. Now, in a hystero-rheumatic constitution in a woman who is in the habit of aborting, this medicine would be most suitable. In a hystero-rheumatic constitution, where you suspect difficulties in labor, you may administer this medicine a month or six weeks, or two months before the expected confinement, with relief of the troubles, and, perhaps, preventing the troubles

that would otherwise attend confinement. In both of these remedies there is a wonderful sensation of weakness in the pelvis; a sensation of relaxation; a sensation of exhaustion; and in this they compare with Pulsatilla and Sepia.

In Cimicifuga there is marked urinary trouble; teasing to urinate; frequent urination; burning during and after urination. Copious flow of urine followed by prostration. She gets up often in the night to pass urine. In the lower extremities we have the rheumatism that belongs to this medicine. The rheumatic pains are mostly aching and jerking; they are constant, and in the belly of muscles, producing knotting up and numbness. Numbness in the lower extremities, with cold feet and cold sweat. The aching that is in the muscles is sometimes like bone pains, it is so dull. There is twitching of the muscles associated with rheumatism, which may sometimes give place to the aching. A rheumatic aching and choreic jerking of the muscles, with the characteristic that in all of these rheumatic complaints, like chorea, the spasms are all made worse by motion, like Bryonia. This remedy is quite full of hysteric spasms; hysteric contractures; and it has been able to cure a number of cases of hysterical convulsions coming at the puerperal period; puerperal convulsions that are hysterical in character, with the clenched hands. Remember now these particular elements: the hysteria, rheumatism associated with uterine troubles, heart troubles, general weakness, and you will get a pretty good picture of this little remedy.—*The Homœopathic Physician.*

ON the 15th of December, 1885, at the Hahnemann Hospital, Prof. Doughty removed a very large ovarian cyst from a woman who, at the time of the operation, was three and a half months advanced in pregnancy. A report of the operation may be found in Vol. II., No. 6, of THE CHIRONIAN. The patient experienced no ill effects from the operation and made a rapid recovery. Her pregnancy went on to full term and in due time she gave birth to a large, healthy boy, her labor being so easy that no physician was called in.

Editor CHIRONIAN:

I NOTICE that some of the New York journals are denying in strong terms the truthfulness of the statistics showing percentage of cures recorded by the various homœopathic hospitals as compared with the most important allopathic institutions of your city, or such of them as would allow their returns to go before the public, as published in yours and a number of other homœopathic publications throughout the country, and I should like to say, through the columns of your wide-awake little paper, a word to these badly frightened people. Now, it is a criminal waste of time to sit down and write a long series of denials to the statements as published; it is, indeed, because in the first place everybody is beginning to "catch on" to the fact that homœopathy is doing all that is claimed for it and consequently is spreading like wild-fire. Indeed, it seems to be picking up in the race all the ground the old school ("Regular," "Rational," etc.) is losing, and that is saying a great deal so far as covering the ground is concerned. Secondly, these denials cannot possibly have any but an unpleasant effect upon the mind of a thoughtful reader, since they disprove nothing and show the writer's weakness on its very worst side. Arguments and especially carefully gotten up statistical evidence *must be refuted;* a simple denial only adds fuel to the fire of conviction. And, thirdly, the whole world is before these gentlemen whose wrath seems to be getting the better of their tactics; why not use the evidence which they claim to possess that our statistics are all bosh. Why not make an honest canvass of the facts themselves and let that settle the question; let them arrange some plan by which an honest count may be made of the facts, giving both parties interested a voice in the count; or, better, place it in the hands of disinterested persons to make and revise the tables. Surely no one could object to this perfectly easy and sure method of producing iron-clad proof of the superiority which they claim for their system over ours; or, I will make still another suggestion. Let them select some specialist in their school who has kept a careful

account of his cases as to date, number, class, etc., etc., and let his work be compared with a man of our school—say one of your professors. Deschere, I believe, is a notoriously rigid homœopath, and would be a good man to annihilate a half dozen old-school pædologists. Let the results of our practice be shown up in their true light, and such an arrangement would, I think, not only bring out the truth of these statistics, but it would do another think which no living man ever expected to see, viz., it would prove to Bowditch that there is something in statistics after all.

In conclusion let us say one word more. As we feel that we have nothing to fear, we think it would be perfectly safe to go beyond the invitation and *challenge* these gentlemen to make a fair count. Come, gentlemen, do not be afraid. Kick over the bushel and let 's see your light.

A CONVERT.

READING, Pa., Nov. 17, '86.

Rectal Alimentation.

IN the November number of the *New York Medical Times* appears an article on "Continuous Rectal Alimentation." On the ground that intermittent feeding per rectum is apt to cause a desire for defecation, even though the enemata are small, Dr. McKenzie proposes "to imitate the process of nature more closely by the gradual passage of a fluid from an artificial cavity, in which its digestion takes place, into the rectum for absorption."

For this purpose an "artificial stomach" is provided by means of a moderately tall vessel which is made to contain a pint of pre-digested milk at the proper temperature. This vessel is connected with the intestinal tract by means of fine india-rubber tubing fastened to a piece of celluloid catheter (No. 5). The catheter is held in place in the rectum by a proper apparatus, being passed into the rectum for about two inches.

The tubing is about two yards long, and the vessel containing the pre-digested fluid is placed from two to two and a half feet above the level of the patient, "the height being altered according to the rapidity with which the milk runs through the tube. The pint of milk should run into the rectum in about three hours, which time fairly corresponds to the average digestion period of pancreatized milk. If a desire for defecation be felt, the flow should be made slower, or the apparatus entirely removed for a time."

Societies.

Hahnemannian Society.

THE second regular meeting of the Hahnemannian Society was held in the amphitheatre of the college on Wednesday evening, November 10th.

Meeting was called to order at 8 P. M., President Watts in the chair.

After the reading of the minutes of the last meeting, which were approved as read, the following programme was rendered:

Song, by the Quartette.
Paper, by G. B. Dudman. Subject, "Erysipelas."
Paper, by J. O. Chase. " "Diphtheria."
Declamation, by J. K. Bucklyn.
A few remarks on Drug Proving, by A. I. Thayer.
Song, by the Quartette.

The several classes then proceeded to the election of quiz masters for the ensuing month, with the following result: The Senior Class quiz masters were reëlected in a body. The Middle and Junior Class quiz masters were also reëlected, with the exception of E. S. Smith in Anatomy, who desired to resign and was replaced by J. M. Woodruff.

The motion to change the hour of meeting of the Society from 7.30 to 8 P. M. was then taken from the table and carried.

A vote of thanks was tendered the gentlemen who took part in carrying out the programme.

The Treasurer's report was then read and accepted. President Watts then brought up the matter of the college library, and after a few remarks, very much to the point, Mr. J. M. Woodruff offered the following resolution:

"That a committee of five be appointed by

the President, two from each of the upper classes and one from the Junior Class to form a Library Committee to solicit contributions of books and money."

Messrs. Stewart, Fitch, Johnson, Smith, McGeary, Platt, Tuttle and Sword followed in the discussion, and all were in sympathy with the first speaker.

Mr. Jenkins offered as an amendment that the committee consist of six members, two from each class, which was carried.

Motion was made that the President appoint a committee of three to wait upon Prof. Helmuth and request him to deliver a Sunday lecture during this winter. Motion carried, and the President appointed Messrs. Jenkins, Nichols and Stillwell.

Mr. Stewart read a letter from a student of the Hahnemann Medical College of Philadelphia, proposing a secret society having as its object the proving of drugs, etc.

Mr. Jones moved that the secretaries of the respective classes solicit subscriptions for the library from their members. Carried.

Song by the Quartette, followed by roll call and adjournment.

B. W. STILLWELL,
Secretary pro tem.

Dietetic Fallacies.

1. THAT there is any nutriment in beef tea made from extracts. There is none whatever.

2. That gelatine is nutritious. It will not keep a cat alive. Beef tea and gelatine, however, possess a certain reparative power—we know not what.

3. That an egg is equal to a pound of meat, and that every sick person can eat eggs. Many, especially those of nervous or bilious temperament, cannot eat them; and to such eggs are injurious.

4. That because milk is an important article of food it must be forced upon a patient. Food that a person cannot endure will not cure.

5. That arrowroot is nutritious. It is simply starch and water, useful as a restorative, quickly prepared.

6. That cheese is injurious in all cases. It is, as a rule, contra-indicated, being usually indigestible; but it is concentrated nutriment and a waste repairer, and often craved.

7. That the cravings of a patient are whims, and should be denied. The stomach often needs, craves for and digests articles not laid down in any dietary. Such are, for example, fruit, pickles, jam, cake, ham or bacon with fat, cheese, butter and milk.

8. That an inflexible diet may be marked out which shall apply to every case. Choice of a given list of articles allowable in a given case must be decided by the opinion of the stomach. The stomach is right and theory wrong, and the judgment admits no appeal.

A diet which would keep a healthy man healthy might kill a sick man; and a diet sufficient to sustain a sick man would not keep a well man alive. Increased quantity of food, especially of liquids, does not mean increased nutriment—rather decrease, since the digestion is overtaxed and weakened. Strive to give the food in as concentrated a form as possible. Consult the patient's stomach in preference to his cravings; and if the stomach rejects a certain article, do not force it.—*Journal of Reconstructives.*

College Notes.

WHAT is a Bursa?

STUDY the Organon.

CONTRIBUTE to the library.

LECTURES in Hygeine are now in order.

THE Seniors think Embryology the toughest yet.

"WE do not believe much in statistics."—Bowditch.

PULFORD, who was formerly a student of this college, has returned and is a member of the Senior Class.

IT is wonderful how many names one man may possess while the roll is being called after Ophthalmology.

W. L. FISKE, '64, President of the Alumni Association in '85, has removed to 484 Bedford avenue, Brooklyn.

PROFESSOR (speaking of the special senses): What faculty could we dispense with the best?

Student: College faculty.

KELLOGG has been at his home sick with "malaria," but by the aid of the curative power of "high potencies" is again able to attend lectures.

DR. BARNUM, '85, has recently located in New Haven. He has been on the staff of Ward's Island Hospital for the past eighteen months.

S. H. KNIGHT, '86, has resigned the position of House Surgeon to the Hahnemann Hospital, and J. L. Daniels, '82, has been appointed to the position thus left vacant.

THE horse sale at Madison Square Garden had a bad effect upon one of the students. Afternoon lectures had no attraction for him while the sale was in progress.

THERE is still one white hat creeping along through the corridors like a bold but lonesome ghost. Will some one please inform the owner that winter is fast approaching.

THE beards that some of our men are coaxing seem to have made an impression upon one of our professors, who takes Ward and "Martino" to be the oldest men in the class.

THE Juniors commenced dissecting on the evening of the 15th. Do not be frightened. They will not hurt you. If your fear is excessive take a *sword*, "my boy," and it will frighten even a dead man.

SUBSCRIPTIONS for THE CHIRONIAN have not come in as fast as they ought. Remember that the paper is emphatically a college matter, and needs and deserves the hearty support of each member of the college.

M. T. DUTCHER, '82, Owego, N. Y., E. R. Eaton, '82, Crown Point, N. Y., J. J. Lane, '83, Sing Sing, N. Y., De L. H. Barclay, '76, Baltimore, Md., and E. T. Horton, '83, Whitehall, N. Y., have called at the college lately.

THERE are at present three vacancies at the Ward's Island Hospital. There is no salary attached, board and washing being the only remuneration. An excellent opportunity to any one desiring experience in hospital practice.

THE music at the last meeting of the Hahnemannian Society was so thoroughly appreciated we trust we shall hear more of it at the next regular meeting. A few selections of instrumental music would also add interest to the programme.

PROF. DOUGHTY has aunounced that henceforth he will devote himself exclusively to the practice of surgery. He has already gained a reputation for careful and skillful work in his specialty, and the homœopathic profession will not be slow in appreciating the advantages thus afforded them.

C. F. RING, '81, recently located at Urbana, Ohio, is in the city. After graduating he served one year on Ward's Island, until suddenly called home on account of the death of his father. He will serve the remainder of his term at the hospital this winter, and in the spring will go to Germany to continue his medical studies.

THE following members of '86 have changed their addresses since our last issue. Thinking that some of our readers may wish to find them, we give their present addresses below: G. W. Lewis, 311 Del. ave., Buffalo, N. Y.; C. E. Dodge, Manchester, N. H.; J. H. Hallock, Walton, N. Y.; E. E. Keeler, Danbury, Conn.; J. A. Stutz, Fort Wayne, Ind.

DR. B. W. JAMES, business manager of *The Hahnemannian Monthly*, has established a "Surgery" at Eighteenth and Mt. Vernon streets, Philadelphia, where private cases, even of other surgeons, may have first-class attention.

Mr. Editor:

IF any reader of your journal has met with a case of cocaine addiction and will send me the fullest details at his command, I 'll thank him for the courtesy, reimburse him for any expense incurred, and give him full credit in a coming paper. J. B. MATTISON, M. D.

BROOKLYN, 314 State street.